



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: LAPORTE HOSPITAL

City of Hospital: La Porte

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Stephen Swihart

Email Address: s.swihart@lph.org

Medicare Provider Number: 150006

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$199835716
Outpatient Patient Service Revenue	\$316752848
Total Gross Patient Service Revenue	\$516588564

2. Deductions From Revenue

Contractual Allowance	\$363962264
Other Deductions	\$1866844
Total Deductions	\$365829108

3. Total Operating Revenue

Net Patient Service Revenue	\$150759456
Other Operating Revenue	\$626425
Total Operating Revenue	\$151385881

4. Operating Expenses

Salaries and Wages	\$39992291	Employee Benefits	\$9334651
Depreciation and Amortization	\$14915259	Interest Expense	\$9166415
Bad Debt	\$14069921	Other Expenses	\$70899795
Total Operating Expenses	\$158378332		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6992451	Total Assets	\$76076699
Net Non-operating Gains over Loss	\$-850618	Total Liabilities	\$74592732

Total Net Gains	\$-7843069
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$188583686	\$158380076	\$30203610
Medicaid	\$103877400	\$86798448	\$17078952
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$177905459	\$120650575	\$57254884
Total	\$470366545	\$365829099	\$104537446

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$140087	\$-140087

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1107243	\$-1107243
Hospital Patients	\$0	\$10254	\$-10254
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	738
Number of Hospital Patients Educated	32508
Number of Citizens Exposed to Health Education Messages	89225

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2193157	
HCI Payments	\$0		
Subtotal	\$0	\$2193157	\$-2193157
Medicaid Shortfalls	\$17078952	\$24743256	
Subtotal	\$17078952	\$26936413	\$-9857461
DSH Payments	\$0		
Subtotal	\$17078952	\$26936413	\$-9857461
Medicare Shortfalls	\$30203611	\$44920015	
Other Government Programs	\$0	\$0	
Total	\$47282563	\$71856428	\$-24573865

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1312168	\$-1312168
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$2298527	\$-2298527
Other Allocations	\$0	\$0	\$0

Comments

No longer not-for-profit organization, as such we no longer file form 990 and the related Schedule H.

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